

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35208

1. PLACE OF DEATH

County Cass Registration District No. 640
Township Cassford Primary Registration District No. 5849
City (No.) St. Ward

File No. _____
Registered No. 22

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 19 - 1931</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Linn Mo
(STATE OR COUNTRY)

13. NAME Julius Voss

14. BIRTHPLACE (CITY OR TOWN) Linn Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Ida Heltshinder

16. BIRTHPLACE (CITY OR TOWN) Linn Mo
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Julius Voss Linn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Linn Mo DATE Oct 20 1931

19. UNDERTAKER (ADDRESS) none

20. FILED Nov. 10 1931 Mrs. Dove Jett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1931, to Oct 19 1931.
I last saw her alive on Oct 19 1931. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Asphyxia Neonatorum Date of onset 10/19
16/10

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Howard L. Voss, M. D.

(Address) Linn Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 5 1931

